

# COMMUNITY AED REGISTRATION MANUAL

This is the login page for the MT Health information and Resource Management System and the location that you register your organizations AED program.

Montana Healthcare Mutual Aid System - Mozilla Firefox

File Edit View History Bookmarks Tools Help

https://vhsp.dphhs.state.mt.us:8443/ems/volunteer/

Getting Started Latest Headlines

**MONTANA EMS** Montana Department of Public Health and Human Services  
Health Information and Resource Management System  
EMS & Trauma Systems Section

Log in to your existing account below.

USERNAME

PASSWORD

LOGIN FORGOT PASSWORD

welcome to the  
**State of Montana**  
**Healthcare Mutual Aid System**  
*"Montanans Helping Montanans"*

The mission of the Montana Healthcare Mutual Aid System (MHMAS) is to coordinate and credential personnel and available medical resources to quickly respond to any local, regional, or statewide catastrophic event.

The Montana Healthcare Mutual Aid System (MHMAS) now has an online application process for volunteers to apply for both licensed and unlicensed volunteer positions. **Our new online application process is quick and easy -- just click the box below to begin!** To learn more about MHMAS, including its purpose and how you will be notified, [Click Here](#).

**Licensed and Unlicensed Volunteer Positions**  
The Registration Process is Quick and Easy!

Volunteer now for critical, indispensable roles with MHMAS. The registration process is quick and easy! [Click here to start the volunteer process.](#)

[HIRMS Home Page](#) | [MHMAS Home Page](#) | [State of Montana](#) | [Contact Us](#) | [Privacy](#)

User name and password were provided for your specific organization by the MT EMS & Trauma System Section office. You will be asked to reset (change your password so it is specifically yours).

## Password Hint

We need some information in order to allow you to obtain a new password in case you ever forget yours. Please select a question that only you would know the answer to from the "Password Hint Question" box. In the "Password Hint Answer" box please provide the answer. You may not continue until you have provided this information.

Password Hint Question \*

Password Hint Answer \*

## Change Password

Since this is your first login you must provide your own password now in order to continue. Your new password may not be the same as your pre-assigned password and it must contain at least one letter, one number, be at least five characters long.

Password \* Confirm Password \*

After setting your password you will be asked to inspect and correct any errors in your personal contact information. Please insert your personal contact information in the rare chance that we need to contact you regarding the AED's involved with the organization or if we have difficulty contacting the organization. This information is held under great security in the MT Department of Health and Human Services Server with a very complete set of security measures.

Please verify that your account information is correct before proceeding.

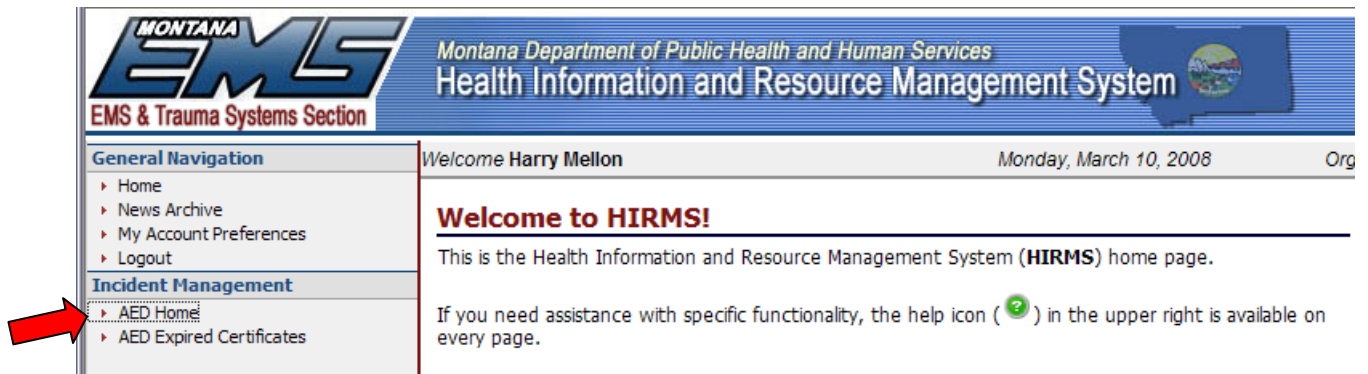
#### User Information

<b>First Name:</b> EMS	<b>Middle Name:</b>	<b>Last Name:</b> DPHHS	
<b>Address *</b> 1400 Broadway	<b>City *</b> Helsna	<b>State: *</b> Montana	<b>Zip: *</b> 59620
<b>Home Phone:</b> (8005551111) * 4064443896	<b>Cell Phone:</b> (8005551111) 	<b>Email: *</b> mhill@mt.gov	

\* Indicates a required field.

Save

You will be taken to the welcome page; click on the AED Home page (the red arrow) to begin adding the organization details.



**MONTANA EMS**  
EMS & Trauma Systems Section

Montana Department of Public Health and Human Services  
Health Information and Resource Management System

General Navigation  
▸ Home  
▸ News Archive  
▸ My Account Preferences  
▸ Logout

Incident Management  
▸ **AED Home**  
▸ AED Expired Certificates

Welcome Harry Mellon  
Monday, March 10, 2008  
Org

**Welcome to HIRMS!**  
This is the Health Information and Resource Management System (HIRMS) home page.  
If you need assistance with specific functionality, the help icon ( ? ) in the upper right is available on every page.

The information you will have to have on hand to complete the registration process is:

- AED
  - Make
  - Model
  - Serial Number
  - Purchase Date
  - 2005 Compliance
- Roster
  - Name
  - Email address
  - CPR/AED Certificate Expiration date
- Assurances
  - Location of specific AED's

- PSAP (Public Service Answering Point) notification
- Local ambulance agreement
- AED Maintenance
- Record Keeping Plan

**LIST AEDs:** To list your AEDs and specific information about your AEDs you will need to click on the [List AEDs](#) link to take you to the proper AED page.

### AED Entity

Name*		Phone (8885550000)*	
<input type="text" value="Mellon Manufacturing"/>		<input type="text" value="4064443896"/>	
Address: *	ZIP: *	City: *	
<input type="text" value="1400 Broadway"/>	<input type="text" value="59620"/>	<input type="text" value="Helena"/>	
State: *	County: *		
<input type="text" value="Montana"/>	<input type="text" value="Lewis and Clark"/>		
Manager*			
First Name	Last Name	Username	
<input type="text" value="Harry"/>	<input type="text" value="Mellon"/>	<input type="text" value="hamellon"/>	
Medical Supervisor*			
First Name	Last Name	Username	
<input type="text" value="JOHN"/>	<input type="text" value="MOORE"/>	<input type="text" value="jomoore"/>	
<input type="button" value="Submit"/>			

[List AEDs](#) ←  
[Roster](#)  
[Assurances](#)  
[List Incidents](#)

You will be shown this page where you will click on [+ Register New AED](#) taking you to the page where you can fill in specific information about 1 AED.

### Registered AEDs for "Mellon Manufacturing"

[+ Register New AED](#) ←

No items found. 1

Serial No.	Make	Model	Actions
Nothing found to display.			

[Back to AED Entity](#)

All fields on the page need to be filled in to complete the registration for each AED. If you collected this information prior to starting the registration process then fill in the fields and continue registering AEDs until you have completed all your devices, at that time click [Back to AED Entity](#) taking you back to the general information page. An example is shown for you below.

### Register AED for "Mellon Manufacturing"

Example

<b>Serial Number *</b> <input style="width: 90%;" type="text" value="13164684968461"/>	<b>Make *</b> <input style="width: 90%;" type="text" value="Lifepak"/>
<b>Model *</b> <input style="width: 90%;" type="text" value="500"/>	<b>Purchase Date *</b> <input style="width: 90%;" type="text" value="03/10/2008"/>
<b>Location *</b> <input style="width: 100%;" type="text" value="Mellon Manufacturing Admin Building (specific Location of AED)"/>	
<b>Meets 2005 Standards *</b> <input checked="" type="radio"/> Yes <input type="radio"/> No	
<input type="button" value="Save"/> <input type="button" value="Cancel"/>	

Your AED has been successfully saved  
[Back to AED List](#)

If you have more than one AED and they are in different locations the excel spreadsheet developed by clicking "Export options: [CSV](#)" could be very useful in record keeping: tracking maintenance, battery life, and other use may need in the future.

### Registered AEDs for "Mellon Manufacturing"

[+ Register New AED](#)

2 items found, displaying all items. **1**

Serial No.	Make	Model	Actions
13164684968461	Lifepak	500	 
46549+6168468	Lifepak	500	 

Export options: [CSV](#)

[Back to AED Entity](#)

We are ready now to fill in your roster information.

#### AED Entity

<b>Name *</b>		<b>Phone (8885550000) *</b>
<input style="width: 90%;" type="text" value="Mellon Manufacturing"/>		<input style="width: 90%;" type="text" value="4064443896"/>
<b>Address: *</b>	<b>ZIP: *</b>	<b>City: *</b>
<input style="width: 90%;" type="text" value="1400 Broadway"/>	<input style="width: 90%;" type="text" value="59620"/>	<input style="width: 90%;" type="text" value="Helena"/>
<b>State: *</b>	<b>County: *</b>	
<input style="width: 90%;" type="text" value="Montana"/>	<input style="width: 90%;" type="text" value="Lewis and Clark"/>	
<b>Manager *</b>		
<b>First Name</b>	<b>Last Name</b>	<b>Username</b>
<input style="width: 90%;" type="text" value="Harry"/>	<input style="width: 90%;" type="text" value="Mellon"/>	<input style="width: 90%;" type="text" value="hamellon"/>
<b>Medical Supervisor *</b>		
<b>First Name</b>	<b>Last Name</b>	<b>Username</b>
<input style="width: 90%;" type="text" value="JAMES"/>	<input style="width: 90%;" type="text" value="UPCHURCH"/>	<input style="width: 90%;" type="text" value="jaupchurch"/>

[List AEDs](#)  
[Roster](#)  
[Assurances](#)  
[List Incidents](#)

### AED Trained Personnel for "Mellon Manufacturing"

 [Add New Person](#) 

No items found. **1**


First Name	Last Name	Email	Training Expiration Date	Actions
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Nothing found to display.

[Back to AED Entity](#)

Fill in all the blank boxes (\* means that it is a required field)

### AED Roster for "Mellon Manufacturing"

First Name*	Last Name*	Email	Training Expiration Date (MM/DD/YYYY)*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> 

Save

Cancel

[Back to Roster](#)

### AED Trained Personnel for "Mellon Manufacturing"

 [Add New Person](#)

2 items found, displaying all items. **1**

First Name	Last Name	Email	Training Expiration Date	Actions
Harry	Mellon		03/03/2008	 
Mary	Hill		03/03/2008	 

Export options: CSV


[Back to AED Entity](#)

### AED Trained Personnel for "Mellon Manufacturing"

 [Add New Person](#)

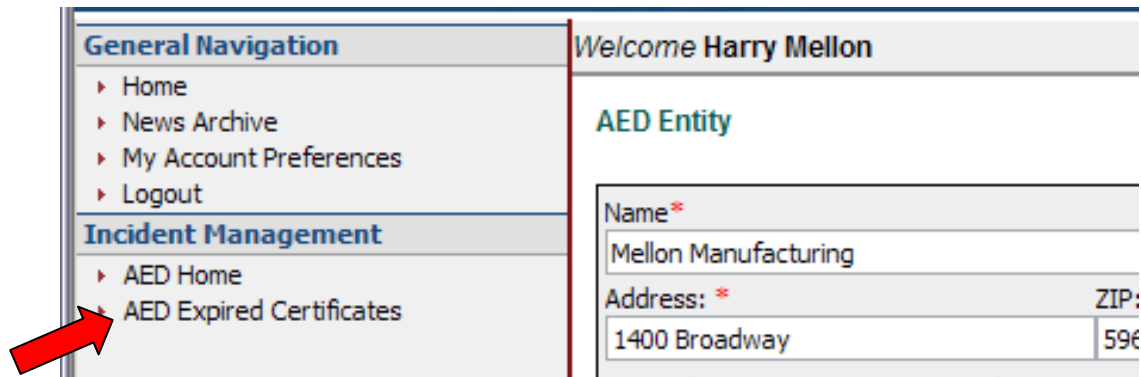
5 items found, displaying all items. **1**

First Name	Last Name	Email	Training Expiration Date	Actions
Harry	Mellon		03/03/2009	 
Jack O	Mellon		03/03/2009	 
Joe	Mellon		03/03/2009	 
Mary	Hill		03/03/2008	 
Sally	Mellon		03/03/2009	 

Export options: CSV 

[Back to AED Entity](#)

You can get an excel spreadsheet by clicking on the CSV option. This gives you a complete list of personnel trained to use the AED's. This may be a useful tool in tracking personnel and training.



**General Navigation**

- Home
- News Archive
- My Account Preferences
- Logout

**Incident Management**

- AED Home
- AED Expired Certificates** (indicated by a red arrow)

**Welcome Harry Mellon**

**AED Entity**

Name\*  
Mellon Manufacturing

Address: \*  
1400 Broadway

ZIP: \*  
596

You can check on the expiration of your CPR/AED certifications by clicking on the above marked “AED Expired Certificates”.  
The following pages detail the incident report and the information needed to complete the incident report.

#### AED Trained Personnel with Expired Certificates

One item found. **1**

First Name	Last Name	Email	Facility Name	Training Expiration Date
Mary	Hill		Mellon Manufacturing	03/03/2008

Export options: [CSV](#)

Tracking training will be simplified with the ability to look at all the expired members with a couple of clicks of the mouse. You can again get an excel spreadsheet from the CSV option.

#### AED Entity

Name\*  
Mellon Manufacturing

Phone (8885550000)\*  
4064443896

Address: \*  
1400 Broadway

ZIP: \*  
59620

City: \*  
Helena

State: \*  
Montana

County: \*  
Lewis and Clark

Manager\*

First Name  
Harry

Last Name  
Mellon

Username  
hamellon

Medical Supervisor\*

First Name  
JOHN

Last Name  
MOORE

Username  
jomooore

[Submit](#)







[List AEDs](#)  
[Roster](#)  
[Assurances](#)  
[List Incidents](#)



## AED Assurances

This page allows you to provide assurances that you meet safety and performance standards for an AED provider. Remember to click the "Save" button at the bottom before proceeding to another page.

### Mellon Manufacturing

Assurances	
<input checked="" type="checkbox"/>	Whenever the AED is used, 911 will be called and an ambulance will be requested to respond.
<input checked="" type="checkbox"/>	The AED will be maintained, tested, and operated according to the manufacturer's recommendations.
<input checked="" type="checkbox"/>	The AED use report will be completed within 24 hours of the occurrence of the event. If written reports are utilized, copies of the report will be sent to the DPHHS within 48 hours of the occurrence of the event.
The maintenance records for these AEDs will be kept at the following location:	
Administration Building in Safety Officers files and computer.	 
The following PSAP has been notified of the AED's existence:	
Lewis & Clark County 911	 
The following ambulance service has been notified of the AED's existence:	
St Peters Ambulance Service	 
<div>Save</div>	

[Back to AED Entity](#)

\*\*\* The following pages detail the completion of the INCIDENT REPORT (the form you fill out following the use of the AED).

**\*\* NO LOGIN required for incident reporting.**

INCIDENT REPORT WEB SITE:

<https://vhsp.dphhs.state.mt.us:8443/ems/default.jsp?page=aedincident.yari>

The report will look like the one below, simply fill in the zip code and drop down menus open for you. The first menu asks you to choose the facility that the AED was used, and then select an AED from the one registered to your organization. Complete the form by checking in the appropriate circles, another drop down menu will open when you select yes to **PATIENT TRANSPORTED**. It will ask you by **whom** and **where**.

## AED Incident Report

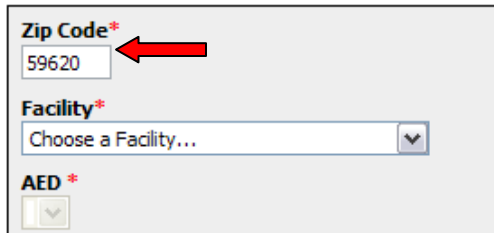
<b>Zip Code*</b>	
<input type="text"/>	
<b>Facility*</b>	
<input type="text"/>	
<b>AED *</b>	
<input type="text"/>	
<b>Date and Time *</b> (MM/DD/YYYY 23:00)	
<input type="text"/>	
<b>First Responder First Name*</b>	<b>First Responder Last Name*</b>
<input type="text"/>	<input type="text"/>
<b>Second Responder First Name</b>	<b>Second Responder Last Name</b>
<input type="text"/>	<input type="text"/>
<b>Location</b>	
<input type="text"/>	
<b>Age of Patient *</b>	
<input type="text"/>	
<b>Gender of Patient</b>	
<input type="radio"/> Male <input type="radio"/> Female	
<b>Cause of Incident</b>	
<input type="radio"/> Medical <input type="radio"/> Trauma	
<b>Estimated time that bystander performed CPR prior to arrival of AED</b>	
<input type="radio"/> None <input type="radio"/> Unknown <input type="radio"/> < 4 Minutes <input type="radio"/> 4-8 Minutes <input type="radio"/> 8-12 Minutes <input type="radio"/> > 12 Minutes	
<b>Estimated time of arrival of AED to initial shock delivered</b>	
<input type="radio"/> Unknown <input type="radio"/> < 4 Minutes <input type="radio"/> 4-8 Minutes <input type="radio"/> 8-12 Minutes <input type="radio"/> > 12 Minutes	
<b>Estimated Time of Arrival of Medical Responders after YOUR arrival</b>	
<input type="radio"/> Unknown <input type="radio"/> < 4 Minutes <input type="radio"/> 4-8 Minutes <input type="radio"/> 8-12 Minutes <input type="radio"/> > 12 Minutes	
<b>Total number of shocks administered</b>	
<input type="text"/>	
<b>Incident Witnessed</b>	
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
<b>Patient regained a pulse at the scene or during transport</b>	
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
<b>Patient regained spontaneous respiration at the scene or during transport</b>	
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
<b>Patient Transported</b>	
<input type="radio"/> Yes <input type="radio"/> No	
<b>Comments *</b>	
<input type="text"/>	

Submit

Cancel



### AED Incident Report

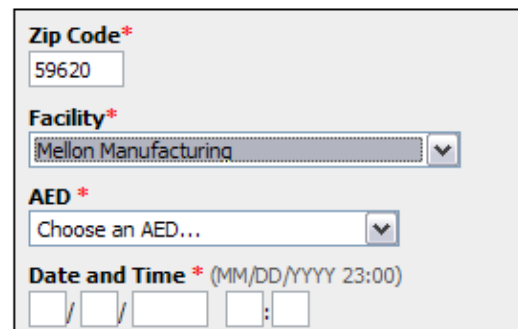


**Zip Code\***  
59620

**Facility\***  
Choose a Facility...

**AED \***  
Choose an AED...

### AED Incident Report



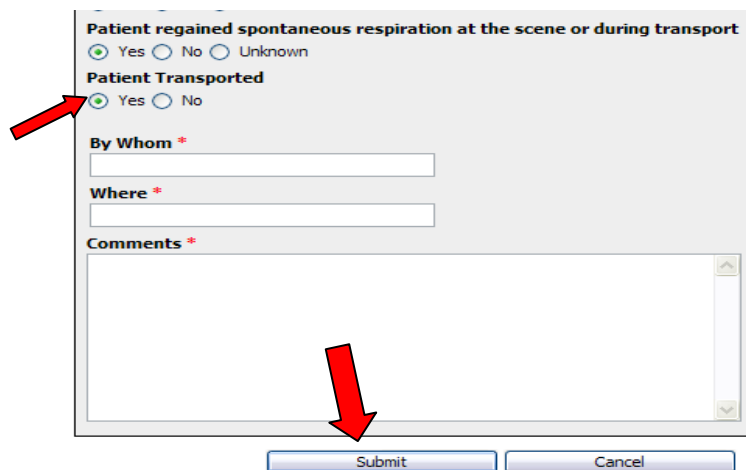
**Zip Code\***  
59620

**Facility\***  
Mellon Manufacturing

**AED \***  
Choose an AED...

**Date and Time \*** (MM/DD/YYYY 23:00)  
/ / :

Fill in the remainder of the form when you get to Patient Transported if you check the yes circle then another drop down box appears for you to select the ambulance service utilized and the hospital the patient was transported to. The Comments section is for you to write a brief written account of the incident information that wasn't or couldn't be obtained in the check boxes in the report.



**Patient regained spontaneous respiration at the scene or during transport**  
☒ Yes ☐ No ☐ Unknown

**Patient Transported**  
☒ Yes ☐ No

**By Whom \***

**Where \***

**Comments \***

**Submit** **Cancel**

Once you click submit you will not be able to change or view the Incident Report. The organization manager and your medical oversight individual will be able to view the report and approve or deny the report. You can ask the individual filling out the report to correct errors made in completing report.

The data on these incident reports is extremely secure in a DPHHS server and the information/data we collect from the incident reports is incident data assisting in making quality improvement decisions on the MT AED program not specific patient information.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT DPHHS EMS & Trauma

MARY HILL – Office Phone 406) 444-3896 Cell 406) 431-7186 email = mhill@mt.gov